



# Rare Diseases of Public Health Significance

County: \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related  
LHJ Cluster# \_\_\_\_\_  
LHJ Cluster Name: \_\_\_\_\_  
DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_ Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply)  
☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_  
Phone(s)/Email \_\_\_\_\_  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_  
Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Gender ☐ F ☐ M ☐ Other ☐ Unk  
Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

Rare disease being reported: \_\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ Fever Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk  
☐ ☐ ☐ ☐ Headache  
☐ ☐ ☐ ☐ Difficulty breathing  
☐ ☐ ☐ ☐ Confusion  
☐ ☐ ☐ ☐ Tremors or hand shakes  
☐ ☐ ☐ ☐ Seizures new with disease  
☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)  
☐ ☐ ☐ ☐ Diarrhea  
☐ ☐ ☐ ☐ Vomiting  
☐ ☐ ☐ ☐ Rash

### Hospitalization

Y N DK NA  
☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Laboratory

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

P N I O NT  
☐ ☐ ☐ ☐ ☐ Specimens collected for lab testing  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Specimen type: \_\_\_\_\_  
Results: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Specimen type: \_\_\_\_\_  
Results: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Specimen type: \_\_\_\_\_  
Results: \_\_\_\_\_

(Results of lab tests should be entered into the notes field)

### Clinical Findings

Y N DK NA  
☐ ☐ ☐ ☐ Abnormal neurologic findings  
☐ ☐ ☐ ☐ Altered mental status  
☐ ☐ ☐ ☐ Paralysis or weakness  
☐ ☐ ☐ ☐ Acute flaccid paralysis ☐ Asymmetric  
☐ ☐ ☐ ☐ Symmetric ☐ Ascending ☐ Descending  
☐ ☐ ☐ ☐ Pneumonitis  
☐ ☐ ☐ ☐ Pneumonia  
☐ ☐ ☐ ☐ Rash observed by health care provider  
☐ ☐ ☐ ☐ Complications, specify: \_\_\_\_\_  
☐ ☐ ☐ ☐ Leukocytosis  
☐ ☐ ☐ ☐ Admitted to intensive care unit  
☐ ☐ ☐ ☐ Preliminary diagnosis established  
Diagnosis: \_\_\_\_\_  
☐ ☐ ☐ ☐ Final diagnosis established  
Diagnosis: \_\_\_\_\_

## NOTES

**EXPOSURES**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: \_\_\_\_\_

☐ ☐ ☐ ☐ Contact with recent foreign arrival

Specify country: \_\_\_\_\_

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ Congregate living

☐ Barracks ☐ Corrections ☐ Long term care

☐ Dormitory ☐ Boarding school ☐ Camp

☐ Shelter ☐ Other: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ ☐ ☐ ☐ Insect or tick bite

☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick

☐ Louse ☐ Other: \_\_\_\_\_ ☐ Unk

Location of insect or tick exposure

☐ WA county ☐ Other state ☐ Other country

☐ Multiple exposures ☐ Unk

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Employed in laboratory

☐ ☐ ☐ ☐ Occupational exposure

Occupation: \_\_\_\_\_

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Blood, organ or tissue transplant recipient

Date of receipt: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Where did exposure probably occur?** ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: \_\_\_\_\_

☐ **No risk factors or exposures could be identified**
☐ **Patient could not be interviewed**
**PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency and location: \_\_\_\_\_

Specify type of donation: \_\_\_\_\_

☐ ☐ ☐ ☐ Suspected person to person transmission

☐ ☐ ☐ ☐ Bioterrorism related
**PUBLIC HEALTH ACTIONS**
☐ Isolation precautions

☐ Prophylaxis of appropriate contacts recommended:

☐ Household members ☐ Roommates

☐ Child care contacts ☐ Playmates ☐ Other children

☐ Other patients ☐ Medical personnel ☐ EMTs

☐ Co-workers ☐ Teammates ☐ Carpools

☐ Other close contacts: \_\_\_\_\_

☐ Notify blood or tissue bank

☐ Other, specify: \_\_\_\_\_
**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_